

**OFFICE OF STATEWIDE REPORTING AND ACCOUNTING POLICY  
VENDOR TRAINING REQUEST FORM**

<b>TRAINEE INFORMATION</b> <i>(please print)</i>		
<b>Name:</b>  <b>SSN:</b>  <b>Department Name:</b>  <b>Agency Name:</b>  <b>Street/P.O. Box:</b>  <b>City and Zip:</b>  <b>User ID:</b>	<b>Phone:</b>  <b>Fax:</b>  <b>Agency #:</b>  <div style="border: 1px solid black; padding: 5px; height: 100px;"> <b>Dates Unavailable for Training:</b> </div>	
<i>Place a check ( T ) beside the date and course(s) that individual wishes to attend.</i>		T
<b>October 26 - 27:</b>		
Adding Vendors (1day)		
Changing Vendors (1 day)		
<b>October 28 - 29:</b>		
Adding Vendors (1 day)		
Changing Vendors (1day)		
<b>November 9 - 10 (TENTATIVE):</b>		
Adding Vendors (1 day)		
Changing Vendors (1day)		
<b>December 15 - 16 (TENTATIVE):</b>		
Adding Vendors (1day)		
Changing Vendors (1 day)		
<b>Agency Fiscal Officer/Training Coordinator Approval</b>	<b>Date</b>	<b>Phone</b>

**DEADLINES:**

October Classes	10/09/98
November Classes	10/23/98
December Classes	11/23/98

Completed forms may be sent by **mail** to: Ms. Angela Murphy  
Office of Statewide Reporting and Accounting Policy  
P. O. Box 94095  
Baton Rouge, LA 70804-9095

**Messenger mail** to: 1051 North Third Street (Capitol Annex), 1st Floor

**FAXed to:** 225-342-1053